

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/20/01
FORMALITY REVIEW	EJP	1027	05/01/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	N	N	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	N	N	
10	—	—	
11	N	—	
12	✓	✓	
13	N	—	
14	✓	✓	
15	—	—	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
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27	✓	✓	
28	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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